

# Rules Revisions 2005 Implementation Checklist

## Section 4 Definitions

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|--|--|
| <input type="checkbox"/> Clinical Impression<br><i>(removed)</i> | <input type="checkbox"/> A&D Services Program<br><i>(added "assessment" in list of services<br/>provided by a program)</i> |
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## Section 6 Compliance

- ☐ Sec. 6(c). Comply with all federal and state laws—this requires an addition to policy if it is not already in place and change in procedure if the program is not following all laws currently.

## Section 6,7,8 Certification

- ☐ Sec. 6(a)(2), 7(a)(5), 7(n), and 8(g). Certification is valid for 4 years—will start with all programs being certified after the amended rules were adopted, June 2005.

## Section 19 Non-discrimination

- ☐ Sec. 19(b). Post non-discrimination policy in conspicuous place and give to client on form with signature of receipt—this requires the program to continue having the client sign a form that states they received the non-discrimination policy AND add that the policy has to be posted in the office in a place the clients can view it.

## Section 20 Client Rights

- ☐ Rights have to be on a form with client signature and required rights are as follows: *(some rights were deleted and some were reworded)*
- ☐ the right to confidentiality under federal and state laws relating to the receipt of services
  - ☐ the right to be informed of the various steps and activities involved in receiving services
  - ☐ the right to humane care and protection from harm, abuse and neglect
  - ☐ the right to contact and consult with an attorney of the client's choice at the client's expense

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- ☐ the right to make and informed decision whether to participate in the program or refuse participation and be sent back to the referring court. The client's consent to receive program services must be in writing and included in the client's record.
- ☐ The investigation of client rights is no longer on the client's rights form, but a policy has to be in PPM and given to the client during orientation. *(policy already in PPM, but if it is on the rights form it can be moved to orientation materials.)*
- ☐ The waiver of rights has been deleted from the rules. *(no action required)*
- ☐ The client access and copying of client record was taken off the form and moved to section 24(a)(6) under confidentiality as a policy only. *(this should not have to be added, but may want to move it to confidentiality if the PPM is following the rules formatting) (Best practice to have information on a form for client, but not required)*

### Section 21     Client Intake and Orientation

- ☐ Removed philosophy and goals of each service from orientation materials totally.
- ☐ Non-discrimination policy does not have to be in orientation materials but must be on a form that client signs still.
- ☐ Receipt of orientation materials does not have to have client signature, only has to be documented in the client file somewhere. *(Best practice is to continue to have client sign for all orientation materials including client rights, non-discrimination, and materials listed under orientation)*

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### Section 22 Assessments

- ☐ Sec. 22. Specified that “assessments” are “substance abuse assessments.”
- ☐ Sec. 22(a)(2). Assessment must result in a referral that is supported by the evidence—this means that referrals must be appropriate and backed up by the evidence that has been documented on the ISC.
- ☐ Narrative Summary no longer required (*best practice*)
- ☐ Sec. 22(a)(4). Adds that the time between when the client is ordered into the program by the judge and the date of assessment cannot exceed 6 weeks—this means that clients have to be seen for assessment within 6 weeks unless the client has rescheduled or not showed for appointments.
- ☐ Sec. 22(b)(1). The Presenting Problem portion of the assessment must contain the client’s version of the arrest. (*Best practice would be to also attach the probable cause or arrest report—not required*)
- ☐ Sec. 22(c). Individual Service Contract:
  - ☐ No longer has to have the “result of the assessment” or the label on it (*best practice*) ISC refers to “evidence and recommendations” instead of clinical impression.
  - ☐ No longer has to have the client input written on it (*best practice*)
- ☐ Sec. 22(d). Changes to ISC can be made by any case manager, assessor or program director with professional status (*does not have to just be assessor anymore*)

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### Section 24     Confidentiality

- ☐ Sec. 24(a)(4). Add “community corrections” to list of entities required to be addressed regarding disclosure of information. (*add to policy on confidentiality in PPM and if needed on the release forms*)
- ☐ Sec. 24(a)(10). This is where the policy on addressing a client’s review of their case record was placed when moved from the client rights section. (*Double check that you have a policy in PPM on this.*)
- ☐ Sec. 24(c). Clarifies that a facsimile copy of a consent to release information is valid and can be placed in the client record in place of an original. (*No action required*)

### Section 25     Case Management

- ☐ Sec. 25(b). Changes “all contact” to “relevant contact” regarding documentation of either client contact or contact regarding the client. (*no action required—allows for greater discretion about documenting extraneous contacts with the client such as at the mall or grocery store*)
- ☐ Section 25(d). Only requires documentation in the client record that the client has completed the program, not a report to be given to the court. (*Best practice would be to give written notice to the referral court or agency that the client completed the program*)

### Section 27     Program Management

- ☐ Sec. 27(c). PPM has to be reviewed and updated at least every 2 years instead of annually.
- ☐ Sec. 27(e). For all referral agencies, do not have to get the copies of DMHA certification or individual therapist credentials. (*Best practice*) Still have to determine annually that certified but can be done with verification from a list of certified agencies.

Note: Still have to get written referral agreement with those agencies where 10 or more clients are referred per calendar year.

- ☐ Client surveys are no longer required (*Best practice*)

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### **Section 28     Fiscal Management**

- ☐ Sec. 28(e). Transfer fee of up to \$100 can be charged by sending program. Receiving program can charge the balance up to statutory cap. If the sending program charged the client more than \$100 before transfer was done, must refund the amount over \$100. *(Make sure program staff understand difference between referrals and transfers.)*

### **Section 29     Personnel Management**

- ☐ Sec. 29(a)(5). Job descriptions no longer have to be in the PPM anywhere, only a copy in the personnel file of each staff member. They must be current and accurate to the position. *(No new action required)*
- ☐ Sec. 29(c)(1). A resume can also be in the personnel file in place of the application and “verification” was clarified as verification of qualifications or credentials. *(No new action required)*

### **Section 30     Professional Requirements**

- ☐ Sec. 30(b)(4). Adds requirement that all training required for CSAMS must be “IJC approved” *(this will require checking with IJC staff regarding any training that a program wants to use toward CSAMS that is not already authorized for this purpose)*

### **Section 31     Substance Abuse Education Standards**

- ☐ Sec. 31(f)(1). Adds requirement that the content of the 8-hour substance abuse information course must be documented by research. *(This means that the content must be based on research studies, not just taken out of books that are cited.)*